PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



DATE DUE

or Fax

<u>Yax</u> (703) 746-4000

PUBLICATION FEE

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

SMALL ENTITY

7590

12/12/2003

Jeffery L Cameron Nawrocki Rooney & Sivertson PA Suite 401 Broadway Place East 3433 Broadway Street Northeast Minneapolis, MN 55413

APPLN. TYPE



ISSUE FEE

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Melissa A. Abeldgaard	(Depositor's name)
Melina A. Abeldmand	(Signature)
March 8, 2004	(Date)

TOTAL FEE(S) DUE

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.					
09/580,853	05/30/2000	David E. Carlson	81001/101/101	1512					
TITLE OF INVENTION: ARTICLE AND METHOD FOR IDENTIFICATION, CLASSIFICATION, AND INVENTORY TRACKING									

nonprovisional	YES	\$15		\$0	\$15	03/12/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS		
ST CYR, I	ST CYR, DANIEL		j	235-385000		
1. Change of correspondence address or indication of "Fee Add CFR) 1.363). Change of correspondence address (or Change of Corresp Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication for PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Number is required.		Correspondence	2. For printing on the patent front page, list on names of up to 3 registered patent attorned agents OR, alternatively, (2) the name of a firm (having as a member a registered attorneys or agents. If no name is listed, no will be printed.		orneys or 16 SIV	ERTSON, P.A.
3. ASSIGNEE NAME AND PLEASE NOTE: Unless a been previously submitted (A) NAME OF ASSIGNE	n assignee is identified be to the USPTO or is being	low, no assignee d submitted under se	lata will appear on the parate cover. Comple	ne patent. Inclusion of ass	a substitute for filing an ass	ate when an assignment has signment.
Please check the appropriate a					orporation or other private g	roup entity government
4a. The following fee(s) are e	nclosed:	46	o. Payment of Fee(s):			
S Issue Fee				mount of the fee(s) is encl		
☐ Publication Fee	opies 10		-	it card. Form PTO-2038 i		
☑ Advance Order - # of C	opies <u>I U</u>		Deposit Account N	umber	(enclose an extra	credit any overpayment, to copy of this form).
NOTE; The Issue Fee and other than the applicant; a interest as shown by the reconstruction. Confidentiality estimated to take 12 minute completed application form case. Any comments on the suggestions for reducing the Patent and Trademark Of 22313-1450. DO NOT SEEND TO: Commissioner for the suggestions for the suggestions for reducing the suggestions for reduci	Publication Fee (if requiregistered attorney or agords of the United States Party the public which is to fis governed by 37 CFR to the public which is to fis governed by 35 U.S.C. Is to complete, including goto the USPTO. Time with amount of time you is burden, should be sent office, U.S. Department of the present of the party o	ed) will not be acent; or the assignment and Trademark. 1.311. The informable (and by the US) (and 37 CFR 1. athering, preparing II vary depending require to completo the Chief Information of Commerce, ACTED FORMS TO ginia 22313-1450.	ccepted from anyone ee or other party in rk Office. mation is required to SPTO to process) and 14. This collection is g, and submitting the upon the individual ete this form and/or mation Officer, U.S. Alexandria, Virginia of THIS ADDRESS.	Adjustment 04710/2003 01_FC:2501 03/15/2004 01 FC:2501 02 FC:8001	date: 03/15/2004 M RHARIS2 00 <u>000103</u> -0 MBIZUNE2 00000049	BIZUNE2 9580853 -650=00 -0 P
Under the Paperwork Red collection of information un	uction Act of 1995, no less it displays a valid OM	persons are requir B control number.	red to respond to a			

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

David E. Carlson

Serial No.: 09/580,853

Daniel St. Cyr. Examiner:

Filing Date: May 30, 2000

Group Art Unit: 2876

For: ARTICLE AND METHOD FOR IDENTIFICATION, CLASSIFICATION, AND

INVENTORY TRACKING

Docket No.: 81001/101/101

TRANSMITTAL SHEET

Mail Stop: Issue Fee Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

CERTIFICATE UNDER 37 C.F.R. 1.8: I hereby certify that this correspondence and the documents described herein are being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this day of Manch

Melissa A. Abeldgaard

We are transmitting herewith the attached:

A check in the amount of \$45.00 is enclosed. [XXXX]

Applicant claims small entity status under 37 CFR § 1.27. [XXXX]

Part B-Issue Fee Transmittal and Postcard. [XXXX] Other:

Please charge any deficiencies or credit any over payment [XXXX]

in the enclosed fees to Deposit Account 1470620.

Reg. No. ____

25,652

NAWROCKI, ROONEY & SIVERTSON, P.A.

Suite 401, Broadway Place East.

3433 Broadway Street N.E.

Minneapolis, Minnesota 55413

Telephone: (612) 331-1464

Facsimile: (612) 331-2239